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R. WHITE.
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COVER LETTER

TO:	Registration Se Division of Cor			
SURI	TNT ATL1	ASHILC		
0 230		Name of Lin	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JEREL TOMASELLO		
			Name of Person	
		TNT ATE LASH LLC		
			Firm/Company	
		405 S DALE MABRY HI	GHWAY, SUITE 359	
			Address	
		TAMPA, FL 33609		
		JERELTOMASELLO@GN	City/State and Zip Code AAHLCOM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please c	all:	
JERE	L TOMASELLO		813 523-0610	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020	18	F.: 3: 10	ጎ
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	18 Fit 3: 10
TNT ATL LASH LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 1.16000227332	npany were filed on DECEMBER 16, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
-	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	405 S DALE MABRY HIGHWAY, SUITE 359
(Principal office address MUST BE A STREET ADDRES	TAMPA, FL 33609
Enter new mailing address, if applicable:	405 S DALE MABRY HIGHWAY, SUITE 359
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33609
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address: 405 S DA	LE MABRY HIGHWAY, SUITE 359
	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33609 Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name TNT CONSULTING GROUP	Address	Type of Action
AMBR	LLC		
			□ Remove
		405 S Dale Mabry Hwy, Ste 359 Tampa, FL 33609	
			□ Remove
			☐ Change
	 		
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change
			O Add
			Remove
			□ Change

Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	e sour day after the record is filed.
) Th	11/25/2019
	11/25/2019
) Th	1 11/25/2019

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Filing Fee: \$25.00